

PROTECTIVE PLAN

Case Name (Last, First, MI)	Case Number	Date (mm/dd/yyyy)
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Parents' Willingness to Cooperate - Justify

Name(s) of Responsible / Protective Adult(s)

Address (Street, City, State, Zip Code)	Telephone Number
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Relationship to Family

Describe the caregivers / providers that will be used; e.g., reliability, commitment, availability. How was this confirmed?

Description of plan and justification of how plan will control identified threat(s) to safety and how plan will be managed. Provide specific provisions / time frames / activities.

Person(s) Responsible for Communication (Name and Telephone Number)

Person(s) Responsible for Protective Plan Oversight (Name and Telephone Number)

☐ Yes ☐ No Is the child Native American? If "Yes", the Indian Child Welfare Act may apply.

☐ Yes ☐ No Has the tribe been notified?

If "Yes", provide time and date of notification. Time - _____ Date - _____

If "No", document the reason the tribe wasn't notified.

SIGNATURE - Parent

Date Signed

SIGNATURE - Parent

Date Signed

SIGNATURE - Caregiver

Date Signed

SIGNATURE - Social Worker

Date Signed

SIGNATURE - Supervisor

Date Signed